

## CHAPTER 13

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## CHAPTER 13

### RULES FOR INVOLUNTARY COMMITMENT OR TREATMENT OF CHRONIC SUBSTANCE ABUSERS

**Rule 13.1 Application — forms obtained from clerk.** A form for application seeking the involuntary commitment or treatment of any person on grounds of chronic substance abuse may be obtained from the clerk of court in the county in which the person whose commitment is sought resides or is presently located. Such application may be filled out and presented to the clerk by any person who has an interest in the treatment of another for chronic substance abuse and who has sufficient association with or knowledge about that person to provide the information required on the face of the application and under Iowa Code section 125.75. The clerk or clerk's designee shall provide the forms required by Iowa Code section 125.75 to the person who desires to file the application for involuntary commitment. The clerk shall see that all the information required by Iowa Code section 125.75 accompanies the application.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

See rule 13.35, Forms 1, 2

**Rule 13.2 Termination of proceedings — insufficient grounds.** If the judge or referee determines that insufficient grounds to warrant a hearing on the respondent's substance abuse appear on the face of the application and supporting documentation, the judge or referee shall order the proceedings terminated and so notify the applicant. All papers and records pertaining to terminated proceedings shall be confidential and subject to the provisions of Iowa Code section 125.93.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.3 Notice to respondent — requirements.**

**13.3(1)** If the judge or referee determines that sufficient grounds to warrant a hearing on the respondent's substance abuse appear on the face of the application and supporting documentation, the sheriff or sheriff's deputy shall immediately serve notice, personally and not by substitution, on the respondent. Pursuant to Iowa Code section 125.79, notice also shall be served on respondent's attorney as soon as the attorney is identified or appointed by the judge or referee.

**13.3(2)** If the respondent is to be taken into immediate custody pursuant to Iowa Code section 125.81, the notice shall include a copy of the order required by Iowa Code section 125.81 and rule 13.14.

**13.3(3)** The notice of procedures required under Iowa Code section 125.77 shall inform the respondent of the following:

- a. Respondent's immediate right to counsel, at public expense if necessary.
- b. Respondent's right to request an examination by a physician of the respondent's choosing, at public expense if necessary.
- c. Respondent's right to be present at the hearing.
- d. Respondent's right to a hearing within five days if the respondent is taken into immediate custody pursuant to Iowa Code section 125.81.
- e. Respondent's right not to be forced to hearing sooner than 48 hours after notice, unless respondent waives such minimum prior notice requirement.
- f. Respondent's duty to remain in the jurisdiction and the consequences of an attempt to leave.
- g. Respondent's duty to submit to examination by a physician appointed by the court.

[Report 1984; November 9, 2001, effective February 15, 2002]

See rule 13.35, Form 3

**Rule 13.4 Notice requirement — waiver.** The respondent may waive the minimum prior notice requirement only in writing and only if the judge or referee determines that the respondent's best interests will not be harmed by such waiver.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.5 Hearings — continuance.** At the request of the respondent or respondent's attorney, the hearing provided in Iowa Code section 125.82 may be continued beyond the statutory limit so that the respondent's attorney has adequate time to prepare respondent's case. In such instances custody pursuant to Iowa Code section 125.81 may be extended by court order until the hearing is held. The continuance shall be no longer than five days beyond the statutory limit. The granting of a

continuance shall not prevent the facility from making application to the court for an earlier release of the respondent from custody.

[Report 1984; November 9, 2001, effective February 15, 2002]

*See rule 13.35, Form 11*

**Rule 13.6 Attorney conference with respondent — location — transportation.** If the respondent is involuntarily confined prior to the hearing pursuant to a determination under Iowa Code section 125.81, the respondent's attorney may apply to the judge or referee for an opportunity to confer with the respondent, in a place other than the place of confinement, in advance of the hearing provided for in Iowa Code section 125.82. The order shall provide for transportation and the type of custody and responsibility therefor during the period the respondent is away from the place of confinement under this rule.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.7 Service, other than personal.** If personal service as defined in rule 13.3 cannot be made, any respondent may be served as provided by court order, consistent with due process of law.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.8 Return of service.** Returns of service of notice shall be made as provided in Iowa R. Civ. P. 1.308.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.9 Amendment of proof of service.** Amendment of process or proof of service shall be allowed in the manner provided in Iowa R. Civ. P. 1.309.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.10 Attorney evidence and argument — predetermination.** If practicable the court should allow the respondent's attorney to present evidence and argument prior to the court's determination under Iowa Code section 125.81.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.11 Attorney evidence and argument — after confinement.** If the respondent's attorney is not afforded an opportunity to present evidence and argument prior to the court's determination under Iowa Code section 125.81, the attorney shall be entitled to do so after the determination during the course of respondent's confinement pursuant to an order issued under that section.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.12 Examination report to attorney.** The clerk shall furnish the respondent's attorney with a copy of the examination report filed pursuant to Iowa Code section 125.80(2), as soon as possible after receipt. In ruling on any request for an extension of time under Iowa Code section 125.80(4), the court shall consider the time available to the respondent's attorney after receipt of the examination report to prepare for the hearing and to prepare responses from physicians engaged by respondent, where relevant. Respondent's attorney shall promptly file a copy of a report of any physician who has examined respondent and whose evidence the attorney expects to use at the hearing. The clerk shall provide the court and the county attorney with a copy thereof when filed.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.13 Physician's report.** The court-designated physician shall submit a written report of the examination as required by Iowa Code section 125.80(2) on the form designated for use by the supreme court. The report shall contain the following information, or as much thereof as is available to the physician making the report:

- (1) Respondent's name;
- (2) Address;
- (3) Date of birth;
- (4) Place of birth;
- (5) Sex;
- (6) Occupation;
- (7) Marital status;

- (8) Number of children, and names;
  - (9) Nearest relative's name, relationship, and address; and
  - (10) The physician's diagnosis and recommendations, with a detailed statement of the observations or medical history which led to the diagnosis.
- [Report 1984; November 9, 2001, effective February 15, 2002]  
*See rule 13.35, Form 10*

**Rule 13.14 Probable cause to injure.** The judge's or referee's order for respondent's immediate custody under Iowa Code section 125.81 shall include a finding of probable cause to believe that the respondent is a chronic substance abuser and is likely to inflict self-injury or injure others if allowed to remain at liberty.  
[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.15 Hearing — county location.** The hearing provided in Iowa Code section 125.82 shall be held in the county where the application was filed, unless the judge or referee finds that the best interests of the respondent would be served by transferring the proceedings to a different location.  
[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.16 Hearing — location at hospital or treatment facility.** The hearing required by Iowa Code section 125.82 may be held at a hospital or other treatment facility, provided that a proper room is available and that such a location would not be detrimental to the best interests of respondent.  
[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.17 Respondent's rights explained before hearing.** Respondent's attorney shall explain to respondent the respondent's rights and the possible consequences of the proceedings. Prior to the commencement of the hearing under Iowa Code section 125.82, the judge or referee shall ascertain whether the respondent has been so informed.  
[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.18 Subpoenas.** Subpoena power shall be available to all parties participating in the proceedings, and subpoenas or other investigative demands may be enforced by the judge or referee.  
[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.19 Presence at hearing — exceptions.**

**13.19(1)** The applicant and any physician or mental health professional who has examined respondent in connection with the commitment proceedings must be present at the hearing conducted under Iowa Code section 125.82, unless their presence is waived by the respondent's attorney, the judge or referee finds that their presence is not necessary, or their testimony can be taken through telephonic means and the respondent's attorney does not object.

**13.19(2)** The respondent must be present at the hearing unless prior to the hearing the respondent's attorney stipulates in writing to respondent's absence. Such stipulation shall state that the attorney has conversed with the respondent, that in the attorney's judgment the respondent can make no meaningful contribution to the hearing or has waived the right to be present, and the basis for such conclusions. A stipulation to the respondent's absence shall be reviewed by the judge or referee before the hearing, and shall be rejected if it appears that insufficient grounds are stated or that the respondent's interests would not be served by respondent's absence.

[Report 1984; October 11, 1991, effective January 2, 1992; November 9, 2001, effective February 15, 2002]  
*See rule 13.35, Form 12*

**Rule 13.20 Hearing — electronic recording.** An electronic recording or other verbatim record of the hearing provided in Iowa Code section 125.82 shall be made and retained for three years or until the respondent has been discharged from involuntary custody for 90 days, whichever is longer.  
[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.21 Transfer from county of confinement.** If the respondent is in custody in another county prior to the hearing provided in Iowa Code section 125.82, respondent's attorney may request that the respondent be delivered to the county in which the hearing will be held sufficiently prior thereto to facilitate preparation by respondent's attorney. Such requests shall not be denied unless they are

unreasonable and the denial would not harm respondent's interests in representation by counsel. This rule does not authorize permanent transfer of the respondent to another facility without conformance to appropriate statutory procedures.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.22 Evaluation and treatment.** If, upon hearing, the court finds respondent to be a chronic substance abuser, evaluation and treatment shall proceed as set out in Iowa Code section 125.83.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.23 Evaluation — time extension.** Pursuant to Iowa Code section 125.83, the facility administrator may request a seven-day extension of time for further evaluation by filing a written application with the clerk of court in the county in which the hearing was held. The application shall contain a statement by the facility administrator or the administrator's designee identifying with reasonable particularity the basis of the request for extension. The clerk shall immediately notify the respondent's attorney of the request by furnishing a copy of the application.

[Report 1984; November 9, 2001, effective February 15, 2002]

See rule 13.35, Forms 16 and 17

**Rule 13.24 Evaluation report.** The facility administrator's report under Iowa Code section 125.84 shall include a written evaluation of the respondent by the chief medical officer or the officer's designee. The evaluation must state with reasonable particularity the basis for the diagnostic conclusions concerning the respondent's substance abuse and recommended treatment. The evaluation shall specify the basis for the medical officer's conclusions regarding respondent's substance abuse, capacity to understand the need for treatment, and dangerousness. The evaluation also shall specify the basis for the medical officer's conclusions concerning recommended treatment and the basis for the judgment that the recommended treatment is the least restrictive alternative possible for the respondent pursuant to options (1), (2), (3), or (4) of Iowa Code section 125.84.

[Report 1984; November 9, 2001, effective February 15, 2002]

See rule 13.35, Form 18

**Rule 13.25 Reports issued by clerk.** The clerk shall promptly furnish to the respondent's attorney copies of all reports issued under Iowa Code section 125.86. Such reports shall comply substantially with the requirements of rule 13.24.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.26 Clerk's filing system.** The clerk shall institute an orderly system for filing periodic reports required under Iowa Code section 125.86 and shall monitor the reports to ascertain when a report is overdue. If a report is not filed when due, the clerk shall notify the administrator of the treatment facility.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.27 Emergency detention — magistrate's approval.** If the magistrate cannot immediately proceed to the facility where a person is detained pursuant to Iowa Code section 125.91, the magistrate shall verbally communicate approval or disapproval of the detention. Such communication shall be duly noted by the administrator of the facility on the form prescribed by this chapter.

[Report 1984; November 9, 2001, effective February 15, 2002]

See rule 13.35, Form 28

**Rule 13.28 Emergency detention — medical officer absent from facility.** If the facility to which the respondent is delivered pursuant to Iowa Code section 125.91 lacks a chief medical officer, the person then in charge of the facility shall immediately notify a physician whenever treatment appears necessary to protect the respondent. The person in charge of the facility shall then immediately notify the magistrate.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.29 Attorney appointed.** As soon as practicable after the respondent's delivery to a facility under Iowa Code section 125.91, the magistrate shall identify or appoint an attorney for the respondent and shall immediately notify such attorney of respondent's emergency detention. If counsel can be identified at the time of respondent's arrival at a facility, or if legal services are available through

a legal aid or public defender office, the magistrate must immediately notify such counsel. Such counsel shall be afforded an opportunity to interview the respondent before or after the magistrate's order is issued.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.30 Chemotherapy procedure.** When chemotherapy has been instituted prior to a hearing under Iowa Code section 125.82, the chief medical officer of the facility where the respondent is hospitalized shall, prior to the hearing, submit to the clerk of the district court where the hearing is to be held, a report in writing. The report shall identify all types of chemotherapy given and shall specify which were administered to affect the respondent's behavior or mental state during any period of custody authorized by Iowa Code section 125.81 or 125.91. For each type of chemotherapy the report shall indicate that the chemotherapy was given with the consent of the respondent or the respondent's next of kin or guardian or, if not, that the chemotherapy was necessary to preserve the respondent's life or to appropriately control respondent's behavior in order to avoid physical injury to the respondent or others. The report shall also include the effect of the chemotherapy on the respondent's behavior or mental state. The clerk shall file the original report in the court file, advise the judge or referee and the respondent's attorney accordingly, and provide a copy of the report to respondent's attorney.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rules 13.31 to 13.34** Reserved.

**Rule 13.35 Forms for Involuntary Commitment or Treatment of Chronic Substance Abusers.**  
**Rule 13.35 — Form 1: *Application Alleging Chronic Substance Abuse Pursuant to Iowa Code Section 125.75.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
 ALLEGED TO BE A CHRONIC  
 SUBSTANCE ABUSER,

**APPLICATION ALLEGING CHRONIC  
 SUBSTANCE ABUSE PURSUANT TO  
 IOWA CODE SECTION 125.75**

Respondent.

I, \_\_\_\_\_, of \_\_\_\_\_, allege that respondent is a  
 (address)  
 chronic substance abuser. In support thereof I state as follows:

Based on the above facts, I believe respondent is a danger to himself or herself or others.

Do you request the respondent be taken into immediate custody? Yes ☐ No ☐

☐ Attached hereto is a written statement of a licensed physician in support of this application.

☐ Attached hereto is an affidavit corroborating these allegations.

\_\_\_\_\_  
 Applicant

State of Iowa }  
 \_\_\_\_\_ County } ss:

I, the undersigned, do solemnly swear or affirm that the matters alleged in the above application to which my name is affixed, are true as stated, as I verily believe.

\_\_\_\_\_  
 Applicant

Subscribed and sworn to (or affirmed) before the undersigned this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
 Notary Public in and for the State of Iowa

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]



**Rule 13.35 — Form 2: *Affidavit in Support of Application Alleging Chronic Substance Abuse Pursuant to Iowa Code Section 125.75.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,

**AFFIDAVIT IN SUPPORT OF  
APPLICATION ALLEGING CHRONIC  
SUBSTANCE ABUSE PURSUANT TO  
IOWA CODE SECTION 125.75**

Respondent.

I, \_\_\_\_\_, of \_\_\_\_\_,  
(address)  
being first duly sworn on oath, depose and state that I am acquainted with respondent who resides at  
\_\_\_\_\_,  
(street) (city) (county)

Iowa, and that I believe the respondent is a chronic substance abuser.

In support thereof, I state as follows:

By \_\_\_\_\_

Subscribed and sworn to before the undersigned this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Iowa

\_\_\_\_\_  
Clerk of Iowa District Court

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 3: Notice to Respondent Pursuant to Iowa Code Section 125.77.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**NOTICE TO RESPONDENT  
PURSUANT TO  
IOWA CODE SECTION 125.77**

Respondent.

TO: \_\_\_\_\_

You are hereby notified: There is now on file in the office of the clerk of the district court of \_\_\_\_\_ County, Iowa, a verified application alleging that the respondent is a chronic substance abuser and a fit subject for custody and treatment, as shown by the application and (report of the physician) (supporting affidavits) on file in this proceeding. Copies of these documents are attached. This matter will come on for hearing on said application before the court at \_\_\_\_\_ County, Iowa, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_m.

The court thereafter will enter an appropriate order.

You are further notified you have the following rights in connection with this matter:

1. THE RIGHT TO THE ASSISTANCE OF AN ATTORNEY. If you cannot afford an attorney, one will be appointed for you at public expense.
2. THE RIGHT TO AN EXAMINATION BY A PHYSICIAN OF YOUR OWN CHOOSING. If you cannot afford an examination by your physician, you may have such an examination at public expense.
3. THE RIGHT TO A HEARING WITHIN 5 DAYS (unless the fifth day is a Saturday, Sunday, or a holiday), and no sooner than 48 hours (excluding Saturdays, Sundays, and holidays), if you are presently in custody.
4. THE RIGHT TO A HEARING NO SOONER THAN 48 HOURS AFTER SERVICE OF THIS NOTICE (excluding Saturdays, Sundays, and holidays), and no later than 48 hours after the report of a court-appointed physician is filed (excluding Saturdays, Sundays, and holidays), if you are not presently in custody.
5. THE RIGHT TO BE PRESENT AT THE HEARING.

You are hereby advised that:

1. You must not leave the county while awaiting hearing. If you leave the county, you may be taken into custody.
2. You must submit to an examination by a physician appointed by the court.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

**RETURN OF SERVICE**

State of Iowa }  
\_\_\_\_\_ County } ss:

The within notice received this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m., I served the same on \_\_\_\_\_ by delivering a copy thereof to said \_\_\_\_\_ in the City, Township of \_\_\_\_\_ in \_\_\_\_\_ County, State of Iowa.

\_\_\_\_\_  
Sheriff, \_\_\_\_\_ County

By \_\_\_\_\_  
Deputy Sheriff

**Rule 13.35 — Form 4: *Order for Immediate Custody Pursuant to Iowa Code Section 125.81.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**ORDER FOR IMMEDIATE  
CUSTODY PURSUANT TO  
IOWA CODE SECTION 125.81**

Respondent.

A request has been presented that respondent should be immediately detained due to chronic substance abuse. After review of the application and supporting documentation, I find there is probable cause to believe respondent is a chronic substance abuser and is likely to injure himself or herself or others if allowed to remain at liberty.

This finding is based on the following facts:

☐ 1. I hereby order that respondent shall be detained in the custody of \_\_\_\_\_ until the hearing date pursuant to Iowa Code section 125.81(1).

☐ 2. Because I find the less restrictive alternative of custody pursuant to Iowa Code section 125.81(1) will not be sufficient to protect respondent from himself or herself or others, I hereby order that respondent shall be detained at \_\_\_\_\_ until the hearing date pursuant to Iowa Code section 125.81(2).

(Check ☐ the appropriate one of these provisions.)

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 5: *Application for Appointment of Respondent's Counsel and Financial Statement.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**APPLICATION FOR APPOINTMENT OF  
RESPONDENT'S COUNSEL AND  
FINANCIAL STATEMENT**

Respondent.

I, the undersigned, being first sworn, depose and say that I am (respondent) (respondent's spouse) (next friend) or (guardian) herein, and I request the court to appoint counsel to represent respondent at public expense. The following statement relating to respondent's financial affairs is submitted in support of this application.

Name \_\_\_\_\_

Address \_\_\_\_\_

Marital status \_\_\_\_\_

Number and ages of dependents \_\_\_\_\_

Business or employment \_\_\_\_\_

Average weekly earnings \_\_\_\_\_

Total income past 12 months \_\_\_\_\_

Is respondent now in custody: Yes ☐ No ☐ If no, is respondent working and at what salary:Is spouse working: Yes ☐ No ☐ If yes, name of employer and average weekly earnings

Motor vehicles: List make, year, amount owing thereon, if any, and how title is registered

List balance of bank accounts of respondent and spouse \_\_\_\_\_

List all sources of income other than salary from employment \_\_\_\_\_

Describe real estate owned, if any, and value thereof \_\_\_\_\_

Total amount of debts \_\_\_\_\_

List on the reverse side hereof all other assets owned by respondent, other than clothing and personal effects.

The foregoing statements are true to the best of my knowledge, are made under penalty of perjury, and are made in support of respondent's application for appointment of legal counsel because respondent is financially unable to employ counsel.

By \_\_\_\_\_

Application for Appointment of Respondent's Counsel and Financial Statement (*cont'd*)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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Notary Public in and for the State of Iowa

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 6: Order Appointing Respondent's Attorney Pursuant to Iowa Code Section 125.78.**

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA	
IN THE MATTER OF:	No. _____
_____, ALLEGED TO BE A CHRONIC SUBSTANCE ABUSER,  Respondent.	<b>ORDER APPOINTING RESPONDENT'S ATTORNEY PURSUANT TO IOWA CODE SECTION 125.78</b>

NOW, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, on application previously filed with the (court) (judicial hospitalization referee) alleging that the above-named respondent is a chronic substance abuser, and upon which hearing was set for the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and upon showing made that respondent is unrepresented at this time and that no arrangements have been made either by the respondent or any member of respondent's family to procure such representation, it is now ORDERED that \_\_\_\_\_, a regular practicing attorney in \_\_\_\_\_ County, Iowa, be and is hereby appointed to represent the respondent at this hearing and at each subsequent hearing at which the subject matter of this cause is under consideration.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 7: *Application for Appointment of Applicant's Counsel and Financial Statement Pursuant to Iowa Code Section 125.76.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**APPLICATION FOR APPOINTMENT OF  
APPLICANT'S COUNSEL AND FINANCIAL  
STATEMENT PURSUANT TO  
IOWA CODE SECTION 125.76**

Respondent.

I, the undersigned, being first sworn, depose and say that I am the applicant herein, and I request the court to appoint counsel to represent the applicant at public expense, pursuant to Iowa Code sections 125.76 and 125.78(2). The following statement relating to applicant's financial affairs is submitted in support of this application.

Name \_\_\_\_\_

Address \_\_\_\_\_

Marital status \_\_\_\_\_

Number and ages of dependents \_\_\_\_\_

Business or employment \_\_\_\_\_

Average weekly earnings \_\_\_\_\_

Total income past 12 months \_\_\_\_\_

Is spouse working: Yes ☐ No ☐ If yes, name of employer and average weekly earnings \_\_\_\_\_

Motor vehicles: List make, year, amount owing thereon, if any, and how title is registered \_\_\_\_\_

List balance of bank accounts of applicant and spouse \_\_\_\_\_

List all sources of income other than salary from employment \_\_\_\_\_

Describe real estate owned, if any, and value thereof \_\_\_\_\_

Total amount of debts \_\_\_\_\_

List on the reverse side hereof all other assets owned by applicant, other than clothing and personal effects.

The foregoing statements are true to the best of my knowledge, are made under penalty of perjury, and are made in support of application for appointment of legal counsel because I am financially unable to employ counsel.

\_\_\_\_\_  
Applicant

Application for Appointment of Applicant's Counsel and Financial Statement Pursuant to Iowa Code Section 125.76  
(*cont'd*)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Iowa

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]



**Rule 13.35 — Form 8: *Order Appointing Applicant's Attorney Pursuant to Iowa Code Section 125.78(2).***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
 ALLEGED TO BE A CHRONIC  
 SUBSTANCE ABUSER,  
  
 Respondent.

**ORDER APPOINTING APPLICANT'S  
 ATTORNEY PURSUANT TO  
 IOWA CODE SECTION 125.78(2)**

NOW, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, on application previously filed with the (court) (judicial hospitalization referee), alleging that the above-named respondent is a chronic substance abuser, and upon which hearing was set for the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and upon showing made that the applicant is unrepresented at this time, that a court-appointed attorney is necessary to assist the applicant in presenting the evidence, and that the applicant is financially unable to employ an attorney, it is now ORDERED that \_\_\_\_\_, a regular practicing attorney in \_\_\_\_\_ County, Iowa, be and is hereby appointed to represent the applicant at this hearing and at each subsequent hearing at which the subject matter of this cause is under consideration.

\_\_\_\_\_  
 Judge of the \_\_\_\_\_ Judicial District  
 of Iowa or Judicial Hospitalization Referee

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 9: *Appointment of Physician Pursuant to Iowa Code Section 125.78.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**APPOINTMENT OF  
PHYSICIAN PURSUANT TO  
IOWA CODE SECTION 125.78**

Respondent.

To \_\_\_\_\_, a regular practicing physician of \_\_\_\_\_ County, Iowa:

This (court) (judicial hospitalization referee) has before it an application alleging that respondent is a chronic substance abuser, and is a fit subject for custody and treatment. Therefore, you are hereby appointed to make a personal examination of the respondent regarding the allegations of said application and the respondent's actual condition.

You shall therefore proceed to make such examination and forthwith report thereon to said (court) (judicial hospitalization referee) as the law requires in such cases.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

**NOTE TO EXAMINING PHYSICIAN:**

If respondent has been taken into custody pursuant to Iowa Code section 125.81, your examination must be conducted within 24 hours.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 10: Physician's Report of Examination Pursuant to Iowa Code Section 125.80.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**PHYSICIAN'S REPORT OF  
EXAMINATION PURSUANT TO  
IOWA CODE SECTION 125.80**

Respondent.

DATE AND TIME OF EXAMINATION \_\_\_\_\_

1. Respondent's name \_\_\_\_\_
2. Address \_\_\_\_\_  
(street) (city or town) (county) (state)
3. Date of birth \_\_\_\_\_  
(day) (month) (year)
4. Place of birth \_\_\_\_\_
5. Sex \_\_\_\_\_
6. Occupation \_\_\_\_\_
7. Marital status: Single ☐ Married ☐ Divorced ☐
8. Number of children \_\_\_\_\_
9. Nearest relative's name \_\_\_\_\_ relationship \_\_\_\_\_  
address \_\_\_\_\_  
(street) (city or town) (county) (state)
10. Is this examination conducted under Iowa Code section 125.80? \_\_\_\_\_
11. Did a qualified mental health professional assist with this exam? \_\_\_\_\_ If so, name that individual. \_\_\_\_\_  
(Please provide address) If the professional's report is written, please attach.
12. In your judgment is respondent a chronic substance abuser? \_\_\_\_\_ If so, state diagnosis and supporting observations or medical history:
13. In your judgment is respondent capable of making responsible decisions with respect to hospitalization or treatment? \_\_\_\_\_ If not, state supporting observations or medical history:
14. In your judgment, is the respondent treatable? \_\_\_\_\_ If so, state diagnosis and supporting observations or medical history:
15. In your judgment, is the respondent likely to physically injure himself or herself or others? \_\_\_\_\_ If so, what has led you to this conclusion?

Physician's Report of Examination Pursuant to Iowa Code Section 125.80 (*cont'd*)

16. In your judgment, is the respondent likely to inflict severe emotional injury on those who cannot avoid contact with the respondent?
17. Can the respondent be evaluated on an out-patient basis? \_\_\_\_\_  
Basis for answer:
18. Can the respondent, without danger to self or others, be released to the custody of a relative or friend during the course of evaluation?
19. Is full-time hospitalization necessary for evaluation?
20. Does the respondent have a prior history of treatment for substance abuse? \_\_\_\_\_  
If so, please specify:
21. Has the patient been medicated within 12 hours of the time of the hearing? \_\_\_\_\_  
If so, supply the probable effects of the medication:

MEDICINE \_\_\_\_\_

DOSAGE \_\_\_\_\_

TIME \_\_\_\_\_

Signed \_\_\_\_\_  
Physician

Address \_\_\_\_\_

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 11: *Order for Continuance Pursuant to Iowa Code Section 125.80(4).***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**ORDER FOR CONTINUANCE  
PURSUANT TO  
IOWA CODE SECTION 125.80(4)**

Respondent.

Upon the application of respondent's attorney, and for good cause shown, it is ordered that hearing in this matter be continued. The hearing shall be rescheduled promptly, as soon as respondent's attorney has informed the court of the expected date of respondent's readiness for the hearing. The rescheduling shall take into consideration any application by the facility for an earlier release of the respondent from custody.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 12: *Stipulation Pursuant to Iowa Code Section 125.82 and Rule 13.19.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**STIPULATION PURSUANT TO  
IOWA CODE SECTION 125.82  
AND RULE 13.19**

Respondent.

It is hereby stipulated that respondent need not be present at the hearing to determine if the respondent is a chronic substance abuser.

(1) I have conversed with respondent about the hearing and the respondent's absence on \_\_\_\_\_.  
(date)

(2) In my judgment, (a) respondent can make no meaningful contribution to the hearing; or (b) respondent has waived the right to be present. I base this judgment on the following grounds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNED

\_\_\_\_\_  
Respondent's attorney

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 13: *Notice of Medication Pursuant to Iowa Code Section 125.82(1).***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**NOTICE OF MEDICATION  
PURSUANT TO  
IOWA CODE SECTION 125.82(1)**

Respondent.

I hereby certify that the respondent was medicated at \_\_\_\_ a.m./p.m. on \_\_\_\_\_,  
20 \_\_\_\_.

The probable effects of the medication are as follows:

The medication (may) (probably will not) affect respondent's ability to understand the nature of these proceedings.

SIGNED

\_\_\_\_\_  
Physician

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 14: *Discharge and Termination of Proceedings Pursuant to Iowa Code Section 125.82(4).***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**DISCHARGE AND TERMINATION OF  
PROCEEDINGS PURSUANT TO  
IOWA CODE SECTION 125.82(4)**

Respondent.

A hearing was held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, pertaining to the alleged chronic substance abuse by respondent. All relevant and material evidence was presented.

This court finds the contention that the respondent is a chronic substance abuser has not been sustained by clear and convincing evidence.

It is therefore ordered that the application for involuntary commitment or treatment of respondent is hereby denied and that all proceedings in this matter are hereby terminated.

It is further ordered that the respondent be released from custody.

All papers and records pertaining to these proceedings shall be confidential and subject to the provisions of Iowa Code section 125.93.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]



**Rule 13.35 — Form 15: Findings of Fact and Order Pursuant to Iowa Code Section 125.83.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**FINDINGS OF FACT AND  
ORDER PURSUANT TO  
IOWA CODE SECTION 125.83**

Respondent.

A hearing on this matter was held on \_\_\_\_\_, 20 \_\_\_\_\_. The court finds the contention that the respondent is a chronic substance abuser has been sustained by clear and convincing evidence.

The following is a statement of facts setting forth the evidence upon which this finding is based:

It is therefore ordered that the respondent be placed at \_\_\_\_\_ for a complete  
(facility)  
evaluation and appropriate treatment.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 16: *Application for Order for Extension of Time for Evaluation Pursuant to Iowa Code Section 125.83.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**APPLICATION FOR ORDER FOR  
EXTENSION OF TIME FOR  
EVALUATION PURSUANT TO  
IOWA CODE SECTION 125.83**

Respondent.

I, the facility administrator of \_\_\_\_\_ request an extension of  
(facility)  
time not to exceed seven days in order to complete the evaluation of respondent.

I request this extension because:

\_\_\_\_\_  
Facility Administrator\_\_\_\_\_  
Date

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 17: *Order for Extension of Time Pursuant to Iowa Code Section 125.83.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

**ORDER FOR EXTENSION  
OF TIME PURSUANT TO  
IOWA CODE SECTION 125.83**

\_\_\_\_\_,

Respondent.

An application for extension of time for evaluation in this matter having been presented to the (court) (judicial hospitalization referee) this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, and upon a showing of good cause; it is hereby ordered that the extension of time be granted for a period not to exceed seven days beyond the initial 15-day evaluation period set out in Iowa Code section 125.83.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 18: Report of the Chief Medical Officer's Substance Abuse Evaluation Pursuant to Iowa Code Section 125.84.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

**REPORT OF THE CHIEF MEDICAL OFFICER'S  
SUBSTANCE ABUSE EVALUATION  
PURSUANT TO IOWA CODE SECTION 125.84**

\_\_\_\_\_,

Respondent.

DATE AND TIME OF EVALUATION: \_\_\_\_\_

1. Treatment that respondent has received during the present hearing and evaluation period: \_\_\_\_\_
2. Medication given for withdrawal symptoms and the effect on the respondent's behavior or mental state: \_\_\_\_\_
3. Have there been previous incidents of substance abuse? \_\_\_\_\_  
 (a) If so, give approximate dates: \_\_\_\_\_  
 (b) Was hospitalization or treatment necessary? \_\_\_\_\_  
 If so, give place, date, length of stay, condition on discharge: \_\_\_\_\_
4. Respondent's past medical history: \_\_\_\_\_
5. Is there a family history of substance abuse? \_\_\_\_\_  
 If so, give names and relationship: \_\_\_\_\_
6. In your judgment is respondent a chronic substance abuser? \_\_\_\_\_  
 If so, state diagnosis and supporting observations or medical history: \_\_\_\_\_
7. In your judgment is respondent capable of making responsible decisions with respect to hospitalization or treatment? \_\_\_\_\_  
 If not, state supporting observations or medical history: \_\_\_\_\_
8. In your judgment, is the respondent treatable? \_\_\_\_\_  
 If so, state diagnosis and supporting observations or medical history: \_\_\_\_\_
9. In your judgment, is the respondent likely to physically injure himself or herself or others? \_\_\_\_\_  
 What has led you to this conclusion? \_\_\_\_\_
10. In your judgment, is the respondent likely to inflict severe emotional injury on those unable to avoid contact with the respondent? \_\_\_\_\_

Report of the Chief Medical Officer's Substance Abuse Evaluation Pursuant to Iowa Code Section 125.84 (*cont'd*)

## 11. PROPOSED TREATMENT

Please check one of the four alternatives contained in Iowa Code section 125.84.

- ☐ 1. The respondent does not, as of the date of this report, require further treatment for substance abuse.
- ☐ 2. The respondent is a chronic substance abuser who is in need of full-time custody, care, and treatment in a facility, and is considered likely to benefit from treatment.
- ☐ 3. The respondent is a chronic substance abuser who is in need of treatment, but does not require full-time placement in a facility.
- ☐ 4. The respondent is a chronic substance abuser who is in need of treatment, but in the opinion of the chief medical officer is not responding to the treatment provided. Recommendation for alternative placement.

Signed \_\_\_\_\_, M.D.  
Chief Medical Officer/Designee

Address \_\_\_\_\_

**Rule 13.35 — Form 19: Periodic Report Pursuant to Iowa Code Section 125.86(1).**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

**PERIODIC REPORT PURSUANT TO  
IOWA CODE SECTION 125.86(1)**

Respondent.

Date \_\_\_\_\_

1. An order for continued placement of the respondent at this facility was entered

\_\_\_\_\_.

Facility \_\_\_\_\_ Address \_\_\_\_\_

Patient's Name \_\_\_\_\_ Hospital Number \_\_\_\_\_ DOB \_\_\_\_\_ County of Settlement \_\_\_\_\_

County of Commitment \_\_\_\_\_ Transfer From \_\_\_\_\_

Transfer Date \_\_\_\_\_ Last Evaluation \_\_\_\_\_ Date of this Visit \_\_\_\_\_

Diagnosis \_\_\_\_\_

2. Current therapy: List all types of therapy, including medication.

**PHYSICAL CONDITION****COMMENTS:**

Ambulatory \_\_\_\_\_ Wheelchair \_\_\_\_\_

Bed Patient \_\_\_\_\_

General Appearance: Good \_\_\_\_\_

Fair \_\_\_\_\_ Poor \_\_\_\_\_

Eating Habits: Good \_\_\_\_\_

Fair \_\_\_\_\_ Poor \_\_\_\_\_

Sleeping Habits: Good \_\_\_\_\_

Fair \_\_\_\_\_ Poor \_\_\_\_\_

Incontinent — Yes \_\_\_\_\_ No \_\_\_\_\_

Sometimes \_\_\_\_\_

Diet: Regular \_\_\_\_\_ Reduction \_\_\_\_\_

Other (specify) \_\_\_\_\_ Wt. \_\_\_\_\_ Ht. \_\_\_\_\_ B.P. \_\_\_\_\_

List any physical problems such as seizures, dental, heart, sight, hearing, etc.

BEHAVIOR: Improved \_\_\_\_\_ Unchanged \_\_\_\_\_ Disturbed \_\_\_\_\_

Depressed \_\_\_\_\_ Suicidal \_\_\_\_\_

Is this patient easily managed in your facility?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, describe:

WORK: Is patient currently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Describe job performance \_\_\_\_\_

Periodic Report Pursuant to Iowa Code Section 125.86(1) (*cont'd*)

FAMILY SITUATION: Single ☐ Married ☐ Divorced ☐  
Dissolution in progress ☐

Does this patient receive Social Security?

Disability \_\_\_\_\_ Pension \_\_\_\_\_

RECREATIONAL ACTIVITIES:

Participation: Active \_\_\_\_\_ Limited \_\_\_\_\_  
Observe Only \_\_\_\_\_ Type \_\_\_\_\_

VISITORS: No \_\_\_\_\_ Yes \_\_\_\_\_ Frequency \_\_\_\_\_ Who \_\_\_\_\_

MAIL: Receives \_\_\_\_\_ Writes \_\_\_\_\_

INTERVIEW SUMMARY

COVER THE FOLLOWING: (1) Present physical and mental condition; (2) Adjustment to facility; (3) Behavior during interview; and (4) Administrator's viewpoint of patient.

3. In my opinion, the patient's condition (has improved) (remains unchanged) (has deteriorated). Additional information concerning the patient's condition and prognosis is provided below:

4. In my opinion, the following subsection of Iowa Code section 125.84 is applicable (check one):

- \_\_\_\_\_ (a) Respondent does not, as of this date, require further treatment for substance abuse.
- \_\_\_\_\_ (b) Respondent is a chronic substance abuser who is in need of full-time custody, care, and treatment in a facility, and is considered likely to benefit from treatment.
- \_\_\_\_\_ (c) Respondent is a chronic substance abuser who is in need of treatment but does not require full-time placement in a facility. (See recommendation below.)
- \_\_\_\_\_ (d) Respondent is a chronic substance abuser who is in need of treatment but is not responding to the treatment provided. (See recommendation below.)

RECOMMENDATIONS:

5. Respondent was tentatively discharged on \_\_\_\_\_, pursuant to Iowa Code section 125.85 because in my opinion the respondent no longer requires treatment or care as a substance abuser: (See explanation below.)

EXPLANATION:

Respondent seen at \_\_\_\_\_ on \_\_\_\_\_  
(name of facility) (date)

by \_\_\_\_\_  
(interviewer) (title)

\_\_\_\_\_, M.D.  
Chief Medical Officer/Designee

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 20: Periodic Report Pursuant to Iowa Code Section 125.86(2).**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

**PERIODIC REPORT PURSUANT TO  
IOWA CODE SECTION 125.86(2)**

Respondent.

Date \_\_\_\_\_

1. An order for continued treatment of the respondent under the supervision of this facility was entered \_\_\_\_\_.

Facility \_\_\_\_\_ Address \_\_\_\_\_

Patient's Name \_\_\_\_\_ Hospital Number \_\_\_\_\_ DOB \_\_\_\_\_ County of Settlement \_\_\_\_\_

County of Commitment \_\_\_\_\_ Transfer From \_\_\_\_\_

Transfer Date \_\_\_\_\_ Last Evaluation \_\_\_\_\_ Date of this Visit \_\_\_\_\_

Diagnosis \_\_\_\_\_

2. Current therapy: List all types of therapy, including medication.

**PHYSICAL CONDITION****COMMENTS:**

Ambulatory \_\_\_\_\_ Wheelchair \_\_\_\_\_

Bed Patient \_\_\_\_\_

General Appearance: Good \_\_\_\_\_

Fair \_\_\_\_\_ Poor \_\_\_\_\_

Eating Habits: Good \_\_\_\_\_

Fair \_\_\_\_\_ Poor \_\_\_\_\_

Sleeping Habits: Good \_\_\_\_\_

Fair \_\_\_\_\_ Poor \_\_\_\_\_

Incontinent — Yes \_\_\_\_\_ No \_\_\_\_\_

Sometimes \_\_\_\_\_

Diet: Regular \_\_\_\_\_ Reduction \_\_\_\_\_

Other (specify) \_\_\_\_\_ Wt. \_\_\_\_\_ Ht. \_\_\_\_\_ B.P. \_\_\_\_\_

List any physical problems such as seizures, dental, heart, sight, hearing, etc.

**BEHAVIOR:** Improved \_\_\_\_\_ Unchanged \_\_\_\_\_ Disturbed \_\_\_\_\_

Depressed \_\_\_\_\_ Suicidal \_\_\_\_\_

Is this patient easily managed in your facility?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, describe: \_\_\_\_\_

**WORK:** Is patient currently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Describe job performance \_\_\_\_\_



Periodic Report Pursuant to Iowa Code Section 125.86(2) (*cont'd*)

FAMILY SITUATION: Single ☐ Married ☐ Divorced ☐  
Dissolution in progress ☐

Does this patient receive Social Security?

Disability \_\_\_\_\_ Pension \_\_\_\_\_

RECREATIONAL ACTIVITIES:

Participation: Active \_\_\_\_\_ Limited \_\_\_\_\_  
Observe Only \_\_\_\_\_ Type \_\_\_\_\_

VISITORS: No \_\_\_\_\_ Yes \_\_\_\_\_ Frequency \_\_\_\_\_ Who \_\_\_\_\_

MAIL: Receives \_\_\_\_\_ Writes \_\_\_\_\_

INTERVIEW SUMMARY

COVER THE FOLLOWING: (1) Present physical and mental condition; (2) Adjustment to facility; (3) Behavior during interview; and (4) Administrator's viewpoint of patient.

3. In my opinion, the patient's condition (has improved) (remains unchanged) (has deteriorated). Additional information concerning the patient's condition and prognosis is provided below:

4. In my opinion, the following subsection of Iowa Code section 125.84 is applicable (check one):

- \_\_\_\_\_ (a) Respondent does not, as of this date, require further treatment for substance abuse.
- \_\_\_\_\_ (b) Respondent is a chronic substance abuser who is in need of full-time custody, care, and treatment in a facility, and is considered likely to benefit from treatment.
- \_\_\_\_\_ (c) Respondent is a chronic substance abuser who is in need of treatment but does not require full-time placement in a facility. (See recommendation below.)
- \_\_\_\_\_ (d) Respondent is a chronic substance abuser who is in need of treatment but is not responding to the treatment provided. (See recommendation below.)

RECOMMENDATIONS:

5. Respondent was tentatively discharged on \_\_\_\_\_, pursuant to Iowa Code section 125.85 because in my opinion the respondent no longer requires treatment or care as a substance abuser: (See explanation below.)

EXPLANATION:

Respondent seen at \_\_\_\_\_ on \_\_\_\_\_  
(name of facility) (date)

by \_\_\_\_\_  
(interviewer) (title)

Signed \_\_\_\_\_  
(Provide name and title of person submitting report)

Facility \_\_\_\_\_

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; October 1, 2008, effective December 15, 2008]

**Rule 13.35 — Form 21: *Notice of Facility Administrator's Request for Extension of Time Pursuant to Iowa Code Section 125.83.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,

Respondent.

**NOTICE OF FACILITY ADMINISTRATOR'S  
REQUEST FOR EXTENSION OF TIME  
PURSUANT TO IOWA CODE SECTION 125.83**

TO: \_\_\_\_\_, attorney for respondent.

You are hereby notified, pursuant to Iowa Code section 125.83, that a request for extension of time for filing an evaluation report has been received from the facility administrator of \_\_\_\_\_, a copy of which is attached.

The request for an extension of time may be contested pursuant to Iowa Code section 125.83.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 22: *Order After Evaluation Pursuant to Iowa Code Section 125.84.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,

**ORDER AFTER EVALUATION PURSUANT TO  
IOWA CODE SECTION 125.84**

Respondent.

The court has received the facility administrator's report of the chief medical officer's substance abuse evaluation of the respondent, and it was the recommendation of \_\_\_\_\_ that the respondent \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is therefore ordered that the respondent \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copies of this order shall be sent to respondent's attorney.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 23: *Report of Respondent's Discharge Pursuant to Iowa Code Section 125.85(4).***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,

Respondent.

**REPORT OF RESPONDENT'S  
DISCHARGE PURSUANT TO  
IOWA CODE SECTION 125.85(4)**

TO: \_\_\_\_\_ (judge) (judicial hospitalization referee)

I, \_\_\_\_\_, administrator of  
\_\_\_\_\_  
(facility)above-named respondent, for whom (commitment) (treatment) was ordered on \_\_\_\_\_,  
was discharged from this facility or from treatment on \_\_\_\_\_.\_\_\_\_\_  
Facility Administrator\_\_\_\_\_  
Date

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 24: *Order Confirming Respondent's Discharge and Terminating Proceedings Pursuant to Iowa Code Section 125.85(4)*.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,

**ORDER CONFIRMING RESPONDENT'S  
DISCHARGE AND TERMINATING  
PROCEEDINGS PURSUANT TO  
IOWA CODE SECTION 125.85(4)**

Respondent.

This (court) (referee) has received a report from \_\_\_\_\_,  
administrator of \_\_\_\_\_, indicating that respondent,  
(facility)

for whom (commitment) (treatment) was ordered by this (court) (referee) on \_\_\_\_\_,  
has been discharged from the facility or from treatment.

I hereby confirm respondent's discharge and, further, order termination of all proceedings pursuant to which the (commitment) (treatment) order was issued.

All papers and records pertaining to those proceedings shall be confidential and subject to the provisions of Iowa Code section 125.93.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

cc: Facility  
Respondent

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 25: *Notice of Appeal From the Findings of the Judicial Hospitalization Referee.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,

**NOTICE OF APPEAL FROM  
THE FINDINGS OF THE JUDICIAL  
HOSPITALIZATION REFEREE**

Respondent.

TO: \_\_\_\_\_, judge of the \_\_\_\_\_ judicial  
district of Iowa and the clerk of the district court:

The undersigned hereby appeals the findings of \_\_\_\_\_,  
judicial hospitalization referee, that respondent is a chronic substance abuser, and requests a review of the matter by a  
judge of the Iowa district court for \_\_\_\_\_ County, Iowa, all pursuant to Iowa Code section 229.21(3).

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

SIGNED

\_\_\_\_\_  
(Respondent, Next Friend, Guardian, Attorney)

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 26: Claim, Order and Certificate for Attorney or Physician's Fees.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,

ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**CLAIM, ORDER AND CERTIFICATE  
FOR ATTORNEY OR PHYSICIAN'S FEES**

Respondent.

STATE OF IOWA, \_\_\_\_\_ COUNTY, ss:

The undersigned (attorney) (physician), being first duly sworn (or affirmed), states that he/she was appointed by the (court) (judicial hospitalization referee) to (represent) (examine) the (respondent) (applicant) \_\_\_\_\_ in substance abuse proceedings, pursuant to Iowa Code section 125.78; that services have been completed by this claimant as set forth on the attached itemized statement; and that this claimant has not directly, or indirectly, received, or entered into a contract to receive, any compensation for such services from any sources.

WHEREFORE, this claimant prays for an order to be compensated in accordance with the provisions of Iowa Code section 125.78.

\_\_\_\_\_  
Claimant\_\_\_\_\_  
Address

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Clerk of Said District Court  
(or) Notary Public in and for the State of Iowa

Claim, Order and Certificate for Attorney or Physician's Fees (*cont'd*)

ORDER

The foregoing verified claim has been duly considered, is fixed and approved in the sum of \$ \_\_\_\_\_ and ordered paid out of the county treasury. The clerk is directed to certify a copy of above claim and this order to the county auditor for payment to claimant, as provided by statute.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District  
of Iowa or Judicial Hospitalization Referee

CERTIFICATE

The above is a true copy of claim and order as appears of record in my office and is hereby certified to county auditor for payment.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Deputy) Clerk of Said Court

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]



**Rule 13.35 — Form 27: *Authorization of Detention Pursuant to Iowa Code Section 125.91(2).***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,

ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**AUTHORIZATION OF DETENTION  
PURSUANT TO  
IOWA CODE SECTION 125.91(2)**

Respondent.

DATE \_\_\_\_\_

TIME OF DETENTION \_\_\_\_\_

TIME OF NOTIFICATION OF MAGISTRATE \_\_\_\_\_

Respondent has been detained because there is reason to believe respondent is a chronic substance abuser who is incapacitated or is likely to injure himself or herself or others if not immediately detained. My conclusion regarding the need for detention is based upon the following information:

This detention has been authorized by the verbal instruction of \_\_\_\_\_  
\_\_\_\_\_, magistrate.

\_\_\_\_\_  
Facility Administrator**ARRIVAL OF MAGISTRATE**

Time of arrival of magistrate \_\_\_\_\_

\_\_\_\_\_  
Magistrate

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 28: *Magistrate's Report Pursuant to Iowa Code Section 125.91(2)(b).***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

---

ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,

**MAGISTRATE'S REPORT PURSUANT  
TO IOWA CODE SECTION 125.91(2)(b)**

Respondent.

1. Reason for failure to respond immediately to the facility administrator's call:
2. Substance of the information on the basis of which the respondent's continued detention was ordered:

TIME OF CALL \_\_\_\_\_

TIME OF RESPONSE \_\_\_\_\_

TIME OF APPOINTMENT OR NOTIFICATION OF COUNSEL \_\_\_\_\_

Magistrate

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

**Rule 13.35 — Form 29: Magistrate's Order of Detention Pursuant to Iowa Code Section 125.91(3).**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,

ALLEGED TO BE A CHRONIC  
SUBSTANCE ABUSER,**MAGISTRATE'S ORDER OF  
DETENTION PURSUANT  
TO IOWA CODE SECTION 125.91(3)**

Respondent.

TIME OF NOTIFICATION OF MAGISTRATE \_\_\_\_\_

TIME OF ACTION BY MAGISTRATE \_\_\_\_\_

Information and evidence has been presented to this magistrate that respondent should be immediately detained due to chronic substance abuse;

This magistrate finds that there is probable cause to believe that respondent is a chronic substance abuser, and because of that chronic abuse is likely to injure himself or herself or others if not immediately detained;

The finding is based on the following circumstances and grounds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is hereby ordered that \_\_\_\_\_ shall be detained in custody at  
\_\_\_\_\_ for examination and care for a period not to exceed 48  
(facility)

hours (excluding Saturdays, Sundays and holidays).

It is further ordered that the facility may provide treatment which is necessary to preserve the respondent's life, or to appropriately control behavior by the respondent which is likely to result in physical injury to himself or herself or others if allowed to continue, or is otherwise deemed medically necessary by the chief medical officer, but the facility may not otherwise provide treatment to the respondent without respondent's consent.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Time \_\_\_\_\_

\_\_\_\_\_  
Magistrate

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]